

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 1 8

2. STATE:

Iowa

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(a)(10)(A)(ii)(XVII) and 1902B of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY 01 \$ 234

b. FFY 02 \$ 936

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A, page 23b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

None

10. SUBJECT OF AMENDMENT:

New coverage groups for women in need of treatment for breast or cervical cancer

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Jessie K. Rasmussen

14. TITLE:

Director

15. DATE SUBMITTED:

July 10, 2001

16. RETURN TO:

Director

Department of Human Services

Hoover State Office Building

Des Moines, IA 50319-0114

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

07/16/01

18. DATE APPROVED:

AUG 27 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

7/1/01

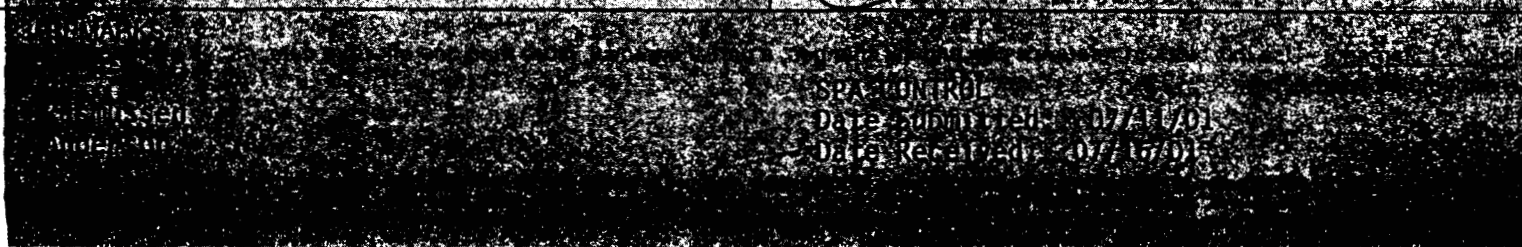
20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Walter Foster Reilly

22. TITLE:

Acting ARA for Medicaid & State Operations



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Iowa

Citations

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)1902(a)(10)(A)
(ii)(XVIII) of the ActX

21. Women who:

- ◆ Have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;
- ◆ Are not otherwise covered under creditable coverage, as defined in section 2701(c) of the Public Health Service Act;
- ◆ Are not eligible for Medicaid under any mandatory categorically needy eligibility group; and
- ◆ Have not attained age 65.

1902B of the Act

X

22. Women who are determined by a "qualified entity" (as defined in 1220B(b)) based on preliminary information, to be a woman described in 1902(aa) of the Act related to certain breast and cervical cancer patients.

The presumptive period begins on the day that the determination is made. The period ends on the date that the state makes a determination with respect to the woman's eligibility for Medicaid. If the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that day.

TN No. MS-01-18

Supersedes

TN No. None

Approval Date

AUG 27 2001

Effective Date

7/1/01